

**MICHIGAN DEPARTMENT OF EDUCATION
JUNE 2003**

**2003-2004 ANNOUNCEMENT FOR CONTINUATION FUNDING
FOR TEEN HEALTH CENTERS**

This packet includes:

- Grant Announcement
- Part I: General Information
- Part II: Additional Information
- Part III: Review Process Information
- Part IV: Application Information and Instructions
- Application Checklist
- Attachments
- Application Form (IM-02-77)

NATURE OF ACTION REQUESTED: X VOLUNTARY

The Michigan Department of Education is pleased to announce the availability of funds for the 2003-2004 Teen Health Center Continuation Grants. **Section 31a, Subsection 6** of the **State School Aid Act of 2003-2004** provides funds for Teen Health Centers. An appropriation of \$3,743,000 is available for the 2003-2004 school year. Criteria for the 2003-2004 Teen Health Center Continuation Grants were approved by the State Board of Education at its meeting on June 13, 2002. This application is for continuation funding for the Teen Health Center program for October 1, 2003 through September 30, 2004 for programs funded through a competitive application process for fiscal year 2003-2004.

The necessary forms for the 2003-2004 Teen Health Center Continuation Grant is available from the Office of School Excellence, Curriculum Leadership Unit or can be accessed online at: www.michigan.gov/mde, click on "Programs and Offices," then "Office of School Excellence." Completed applications **must be documented by delivery agent for delivery on or before August 15, 2003**. An ORIGINAL and THREE (3) copies (for a total of four) of the completed application must be submitted at that time.

Questions regarding the 2003-2004 Teen Health Center Continuation Grants may be directed to the Curriculum Leadership Unit, at (517) 241-4284 or at hallere@michigan.gov.

TABLE OF CONTENTS

PART I: GENERAL INFORMATION	1
INTRODUCTION	1
GRANT PURPOSE	2
PRIORITY FUNDING	2
ELIGIBLE APPLICANTS	3
TARGET POPULATION TO BE SERVED BY GRANT	3
GRANT RANGE AND FUNDING LIMIT	3
LENGTH OF AWARD	4
REJECTION OF PROPOSALS	4
CLOSING DATE AND DELIVERY ADDRESS.....	4
APPLICATION PREPARATION, PAGE LIMIT, FONT SIZE AND PACKAGING	5
ACKNOWLEDGEMENT	5
NON-DISCRIMINATION AND OTHER COMPLIANCE WITH LAW.....	5
AMERICANS WITH DISABILITIES ACT	5
AVAILABILITY OF APPLICATION.....	5
WHERE TO OBTAIN ASSISTANCE.....	5
PART II: ADDITIONAL INFORMATION.....	6
FUNDING PROCESS	6
PAYMENT SCHEDULE	6
FINANCIAL REPORTING	6
CONTINUATION OF FUNDING.....	6
PERFORMANCE REPORTING AND MONITORING RESPONSIBILITIES	6
TECHNOLOGY REQUIREMENTS	6
PROJECT CONTROL AND REPORTS.....	7
PART III: REVIEW PROCESS INFORMATION	7
APPLICATION REVIEW PROCESS AND APPROVAL.....	7
ADDITIONAL REVIEW FACTORS	7
PART IV: APPLICATION INFORMATION, INSTRUCTIONS, AND REVIEW CRITERIA FOR THE 2003-2004 TEEN HEALTH CENTER CONTINUATION GRANT.....	7
PART A - COVER PAGE/APPLICATION.....	7
PART B - ASSURANCES AND CERTIFICATIONS	8
PART C - PROPOSAL NARRATIVE.....	8
PART D - PROGRAM DESCRIPTION	10
PART E - BUDGET	10
APPLICATION CHECKLIST FOR GRANT APPLICANTS.....	14

ATTACHMENTS

ATTACHMENT A: Section 31a, Subsection 6 Of The State School Aid Act	15
ATTACHMENT B: Teen Health Center Minimum Program Requirements	16
Clinical.....	16
Non-Clinical.....	19
ATTACHMENT C: Report Factsheet For State-Funded Teen Health Centers	20
Clinical.....	20
Non-Clinical.....	22
ATTACHMENT D: Sample Goals, Objectives, And Activities	24
Clinical.....	24
Non-Clinical.....	25

**MICHIGAN DEPARTMENT OF EDUCATION
OFFICE OF SCHOOL EXCELLENCE ~ CURRICULUM LEADERSHIP UNIT**

**APPLICATIONS FOR THE 2003-2004 CONTINUATION FUNDING
FOR TEEN HEALTH CENTERS**

PART I: GENERAL INFORMATION

INTRODUCTION

The Michigan Department of Education is pleased to announce the availability of funds for the 2003-2004 Teen Health Center Continuation Grant. **Section 31a, Subsection 6** of the **State School Aid Act of 2003-2004** provides funds for Teen Health Centers. An appropriation of \$3,743,000 is available for the 2003-2004 school year.

Teen Health Center services have been provided in Michigan since the early 1980's. State funding for such services began in 1987 through the Michigan Department of Public Health (now the Michigan Department of Community Health). Funding for these services is now being made available from the Michigan Department of Education (MDE) with staffing support from the Michigan Department of Community Health (MDCH).

The period of adolescent growth and development is filled with risks and opportunities. These years mark the formation of health behavior patterns that have lifelong ramifications. Most young people, ages 10-21, growing up in the United States have the potential of maturing into responsible, healthy adults. However, certain groups of young people are limited because of their health status, the economic condition of their families/communities and their involvement in many high-risk behaviors, which include: school drop-out; use of alcohol, tobacco or other drugs; unsafe driving; early and/or unprotected sexual activity; fathering a child or becoming pregnant; poor nutrition; lack of exercise; and involvement in violent behavior. Adolescence is a time of change physically, emotionally and cognitively. While risk-taking behaviors are normal in the movement through this life cycle, adult and health-related intervention is often necessary to assure that these youth emerge safe and healthy.

Through the establishment of Teen Health Center services, whether clinical or non-clinical, interventions can be provided to the ten to 21-year-old population with the aim of achieving the best possible physical, intellectual, and emotional health status. Adolescent health status in America has reached crisis proportions as the health needs of this age group increase but accessible and youth-acceptable health care services diminish. The adolescent population is currently the least likely age group to receive needed and appropriate health care services. Teen Health Center models are designed specifically to address this unmet need and provide services unique to the adolescent population in a "teen friendly" environment. Funding of these programs, as well as on-going support for program growth that meets the needs of the community and the target population, requires collaboration with the state, local community organizations, and schools.

GRANT PURPOSE

A major role of the Teen Health Center models is to provide a safe and caring place for adolescents to learn positive health behaviors, prevent diseases, and receive needed medical care and support, thereby resulting in healthy youth who are ready and able to learn and become educated, productive adults. It is crucial to have community acceptance and support for these youth health service models.

MDE, in collaboration with MDCH, issues this request for continuation grant applications for the period **October 1, 2003 through September 30, 2004**. Support for future years is contingent upon the availability of funds. Contracts will be issued and managed by MDE. Training, technical assistance, and consultation will be provided by MDCH through the Adolescent Health Unit of the Division of Family and Community Health.

The purpose of this application guidance is to provide current state-funded Teen Health Centers with sufficient information to enable them to prepare and submit continuation applications for one of the following two models:

1. **Clinical Teen Health Center**—designed to provide primary care and prevention (including well care and diagnosis and treatment for acute and chronic illness), psychosocial and health promotion/disease prevention services in a “teen” friendly manner and atmosphere.
2. **Non-Clinical Teen Health Center** (*previously referred to as “Alternative Models”*)—designed to provide health education, peer counseling, screening/case-finding services, referral for primary and/or specialty care and/or health-related community awareness activities.

This grant application request seeks continuation proposals for the delivery of health services to the ten to 21-year-old population in geographic areas where it can be documented that health care services accessible and acceptable to the youth population require enhancement or do not currently exist. The services should aim at achieving the best possible physical, intellectual, and emotional status for the target population. The infants and small children of the target population may also be served.

PRIORITY FUNDING

The State Board of Education has adopted as its Strategic Goal, “Attain substantial and meaningful improvement in academic achievement for all students/children, with primary emphasis on chronically underperforming schools and students.” The 2003-2004 Teen Health Center Continuation Grants assist with this goal and address one or more of the five Strategic Initiatives to implement the goal:

- 1) Ensuring Excellent Educators,
- 2) Elevating Educational Leadership,
- 3) Embracing the Information Age,
- 4) Ensuring Early Childhood Literacy, and
- 5) Integrating Communities and Schools.

ELIGIBLE APPLICANTS

Eligible applicants/providers include public and non-profit entities (e.g., local health departments, schools, community health centers, non-profit hospitals and other health care or social service organizations funded in fiscal year 2002-2003). **Proposals must be submitted by a school entity (i.e., school district or intermediate school district) on behalf of the eligible provider.** Proposals not submitted by a school entity will be ineligible for funding.

To be eligible for continuation funding, all applicants must provide written assurance that abortion services, counseling and referral will not be provided as part of the services offered. For programs providing services on school property, written assurance will be required that family planning drugs and/or devices will not be prescribed, dispensed or otherwise distributed on school property. These assurances can be part of the application cover letter or included as attachments.

The intermediate school district or local school district must adhere to the legislative regulations established in Section 31a, Subsection 6 of the State School Aid Act and the Michigan School Code regulations (see Attachment A). Priority will also be given to local school districts that have demonstrated established leadership, and have a commitment to improving delivery of health services for the ten to 21-year-old population.

TARGET POPULATION TO BE SERVED BY GRANT

This application seeks proposals for the delivery of health services to the 10-21 year old population in geographic areas where it can be documented that health care services accessible and acceptable to the youth population require enhancement or do not currently exist. The services should aim at achieving the best possible physical, intellectual and emotional status for the target population. The infants and small children of the target population may also be served.

GRANT RANGE AND FUNDING LIMIT

- **Clinical Teen Health Center Model:** continuation awards will be made based on allocations as indicated below. Each center must serve a minimum of 500 unduplicated users per year. There is approximately \$3,000,000 of funding available for this model.
 - Less than 1,000 unduplicated users -- \$125,000
 - 1,000 - 2,000 unduplicated users -- \$150,000
 - Over 2,000 unduplicated users -- \$175,000
- **Non-Clinical Teen Health Center Model:** continuation awards will be made with a maximum allocation of \$80,000. Non-Clinical Teen Health Centers should expect to receive the same allocation as in fiscal year 2002-2003. The amount of funding proposed must be based on a reasonable justification of expenses. There is approximately \$700,000 of funding available for this model.

Please note that there will be an \$1,800 reduction in funding for each clinical and Non-Clinical Teen Health Center in fiscal year 2003-2004.

Awards are contingent on the availability of funds and satisfactory progress in achieving performance measures as evidenced by required progress and financial reporting. Neither MDE nor MDCH are liable for any costs incurred by applicants prior to the final execution of a contract. A local match of **25 percent** of the amount requested is required. Any match provided by a collaborative partner must be documented in writing by that organization and included as part of this application. **If one organization is applying for both models, or more than one of the same model in different geographic locations, separate applications and budgets must be submitted.**

LENGTH OF AWARD

Continuation funds to operate Teen Health Center programs with State Aid allocations will be available beginning **October 1, 2003 through September 30, 2004**, pending funding availability.

REJECTION OF PROPOSALS

MDE reserves the right to reject any and all continuation proposals received as a result of this announcement and will do so if the proposal does not adhere to funding specifications, application preparation instructions, or progress in achieving performance measures as evidenced by required progress and financial reporting from the 2002-2003 funding cycle.

CLOSING DATE AND DELIVERY ADDRESS

Due to current security measures, THIS CONTINUATION GRANT APPLICATION MUST NOT BE HAND-DELIVERED. The ORIGINAL application, bearing ORIGINAL signatures, and THREE (3) COPIES (for a total of four) of the completed application must be documented by delivery agent for delivery on or before **Friday, August 15, 2003**. Applications must be submitted by a school entity (i.e. school district or intermediate school district) on behalf of the Teen Health Center. Proposals not submitted by a school entity will be ineligible for funding.

Acceptable packaging and mailing procedures are:

- The postmark or other mailing validation must be documented by delivery agent for delivery **on or before August 15, 2003**. The original grant and copies should be enclosed in a sealed envelope within the mailing packet. A completed checklist must be attached on the top of the inside envelope for appropriate check-in by the unit secretary. If the applicant used a delivery service, the dated receipt for delivery service must be available to **validate the August 15, 2003** postmark requirement.
- When the continuation grant application is received, the check-in form on the front of the application package will be signed by the appropriate MDE personnel and then faxed to the applicant to verify receipt of application and participation in the continuation process at MDE. **The applicant is responsible for contacting Elizabeth Coke Haller at (517) 241-4284 or hallere@michigan.gov by August 22, 2003 if the applicant does not receive a faxed copy of the signed check-in form.**
- In case of late delivery of the grant application, verification of appropriate delivery efforts will be required to participate in this grant process.

No facsimile transmissions will be accepted. Late application, an application submitted by facsimile, or an application submitted, but not in accordance with the application preparation instructions (below), will not be accepted and will be returned to the applicant **without review.**

Applications sent by mail should be addressed to:

U.S. POSTAL SERVICE

Michigan Department of Education
Curriculum Leadership Unit
Learning Support Unit
P.O. Box 30008
Lansing, Michigan 48909
ATTN: Elizabeth Coke Haller - THC

OVERNIGHT/EXPRESS MAIL

Michigan Department of Education
Office of School Excellence
Curriculum Leadership Unit
Hannah Bldg. – 4th Floor
608 West Allegan Street
Lansing, Michigan 48933
Telephone: (517) 241-4284
Attn: Elizabeth Haller - THC

APPLICATION PREPARATION, PAGE LIMIT, FONT SIZE AND PACKAGING

Applications should be prepared simply and economically, providing a concise description of the requirements of the grant application **no more than 15 pages in length, with a font no smaller than Times 12 point, double spaced, and single-sided.** All application pages must be securely stapled. Special bindings and binders should not be used. Support documents are not counted in the **15-page limit.** Supplementary materials will not be reviewed and will be returned.

ACKNOWLEDGEMENT

All publications, including reports, films, brochures, and any project materials developed with funding from this program, must contain the following statement: **“These materials were developed with state funds allocated by the Michigan Department of Education.”**

NON-DISCRIMINATION AND OTHER COMPLIANCE WITH LAW

Applications must include a statement of assurance of compliance with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of MDE.

AMERICANS WITH DISABILITIES ACT

MDE is committed to providing equal access to all persons in admission to, or operation of its programs or services. Individuals with disabilities needing accommodations for effective participation in this program are invited to contact the Michigan Department of Education for assistance.

AVAILABILITY OF APPLICATION

The application packet is available from the Michigan Department of Education, at (517) 241-4284 and can be accessed online at: www.michigan.gov/mde, click on “Programs and Offices,” then “Office of School Excellence.”

WHERE TO OBTAIN ASSISTANCE

MDE issues the instructions contained in these materials, and is the sole point of contact in the state for this program. Questions regarding applications should be directed to the Curriculum Leadership Unit at MDE at (517) 241-4284 or Adolescent Health Unit at MDCH at (517) 335-8906.

PART II: ADDITIONAL INFORMATION

FUNDING PROCESS

MDE will make the Teen Health Center continuation grant available through a non-competitive process for fiscal year 2003-2004. Only those clinical and Non-Clinical Teen Health Centers receiving funding in 2002-2003 funding cycle will be eligible for continuation funding and sites that have satisfactory progress in achieving performance measures as evidenced by required progress and financial reporting.

PAYMENT SCHEDULE

Payments will be provided in accordance with the School Aid payment schedule. Payments will be automatically sent in one-eleventh increments from October 2003 through August 2004 pending the availability of funds. Expenditures must be reported mid-year and year-end in accordance with the terms and conditions of this agreement based on monthly reports, records, and other requested documentation maintained by the grantee. Mid-Year and Year-End Expense Report forms will be provided by MDE and MDCH to grant recipients.

FINANCIAL REPORTING

A final expenditure report (Form DS-4044) will be required of all grant recipients. The final report is due within 45 days of the ending of the project.

CONTINUATION OF FUNDING

Financial support for future years is contingent upon the availability of funds and satisfactory progress in achieving performance measures as evidenced by required progress and financial reporting. Grants will be issued and managed by MDE. Training, technical assistance and consultation will be provided by MDCH through the Adolescent Health Unit of the Division of Family and Community Health.

PERFORMANCE REPORTING AND MONITORING RESPONSIBILITIES

After grants are awarded, the grantee will carry out the proposed programming under the general direction and control of MDE and MDCH. The services and activities described in the Minimum Program Requirements, Attachment B, at a minimum must be addressed in the proposal and implemented throughout the funding cycle.

Quarterly, mid-year, and year-end reports will be required of all grant recipients including data collection, financial reporting, and program objective results. All final reports are due November 30, 2004. A year-end data and narrative report must describe how well the agency met the goals, objectives and service/work plan outlined in the application and should be no more than five pages in length. All reports are subject for use by MDE to assist in evaluating the effectiveness of programs funded under the state grants program. For information regarding where to send reports, please refer to Attachment C.

TECHNOLOGY REQUIREMENTS

Each funded clinical and Non-Clinical Teen Health Center is required to have an accessible electronic mail account (email) to facilitate ongoing communication between MDE, MDCH and grantees.

PROJECT CONTROL AND REPORTS

After grants are awarded, the grantee will carry out the proposed programming under the general direction and control of MDE and MDCH. The grantee will be required to submit reports to the departments as outlined in the Clinical Teen Health Center Report Factsheet and Non-Clinical Teen Health Center Report Factsheet, which are included in Attachment C. The services and activities described in the Minimum Program Requirements (see Attachment B) at a minimum must be addressed in the reapplication and implemented throughout the funding cycle. The reports, as outlined in the Teen Health Center Factsheet, are subject to use by MDE to assist in evaluating the effectiveness of programs funded under the state grants program. For information regarding where to send reports, please refer to Attachment C.

PART III. REVIEW PROCESS INFORMATION

APPLICATION REVIEW PROCESS AND APPROVAL

All applications will be reviewed jointly by MDE and MDCH. Applications must address all of the identified criteria and contain all requested information in the format laid out in this guidance. Each applicant will receive feedback including specific strengths, weaknesses, and recommendations based on their continuation application and must respond to feedback within 30 days of receiving information. All funding will be subject to approval by the Superintendent of Public Instruction.

ADDITIONAL REVIEW FACTORS

In addition to the review criteria in Part IV, the Superintendent of Public Instruction may apply other factors in making funding decisions, such as: 1) geographical distribution; 2) duplication of effort; 3) duplication of funding; 4) evidence that an applicant has performed satisfactorily on previous projects; and 5) underperforming school/students.

PART IV: APPLICATION INFORMATION, INSTRUCTIONS, AND REVIEW CRITERIA FOR THE 2003-2004 TEEN HEALTH CENTER CONTINUATION GRANTS

PART A – COVER SHEET/APPLICATION (page 1 of the application)

The intermediate school district/local school district submitting the application must be fully identified, as well as the direct contact person for this program. All boxes are to be appropriately completed. The application requires an **original signature** of the superintendent or director of the local education agency. Rubber stamps and copies are **unacceptable**.

- 1. Funding Strategy.** Identify the type of program (clinical or non-clinical) for which the applicant requests funds and the amount of funds requested. For 2003-2004 funding, a reduction of **\$1,800** will occur for each funded program to support continued technical assistance and capacity building.

☐ **Clinical Teen Health Center Model:**

- Less than 1,000 unduplicated users -- \$125,000
- 1,000 - 2,000 unduplicated users -- \$150,000
- Over 2,000 unduplicated users -- \$175,000

- ☐ **Non-Clinical Teen Health Center Model:** Awards will be made with a maximum allocation of \$80,000. The amount of funding proposed must be based on a reasonable justification of expenses. **Non-clinical Teen Health Centers should expect to receive the same allocation, minus the \$1,800 reduction as in fiscal year 2002-2003 due to no additional funding being available.**

2. **Service Area.** Identify the service/target area the requested funds will service (school district, county, city, metropolitan area, etc.).

PART B – ASSURANCES AND CERTIFICATIONS (page 1, 1a, 1b of the application)

The assurances and certifications for state and specific programs need an **original signature**. Rubber stamps and copies are **unacceptable**. See Attachment A for Compliance with School Code regulation as well as the *School Aid Act of 1976*. See Attachment B for required objectives outlined in the Minimum Program Requirements for Clinical and Non-Clinical Teen Health Centers.

PART C – GRANT PROGRAM DETAILS

1. **Title Page.** Provide the name and address of the applicant agency, federal identification number, name and telephone number of the authorized agent of the applicant agency, project director/coordinator name, address, telephone number, fax number and email address, the program type for which the application requests funds (clinical or non-clinical model), amount of funds requested, amount of funds received in fiscal year 2002-2003, and the service/target area for which the proposal requests funds (school district, county, city, metropolitan area, etc.).
2. **Table of Contents.** Provide a table of contents with corresponding page numbers. Number each page of the application. Attachments should also be paginated and listed in the table of contents.
3. **Service/Work Plan.** Services proposed to be provided should be fully and clearly described for the period **October 1, 2003 through September 30, 2004**. The services as described in this proposal must be operational and accessible to the described target population by October 1, 2003.

List the overall program goal(s), and measurable, time-framed objectives. Applications **must** follow the format outlined in Attachment D for goals, objectives, and activities. Objectives should be realistic and address the needs of the target population. Describe how youth input will occur and how services will be youth-friendly and acceptable to youth. **When completing this section, carefully review the minimum program requirements included in Attachment B. It is imperative that the required services addressed in the attached minimum program requirements (MPR #1 and #2) are specifically addressed for clinical Teen Health Centers.**

- A. Provide a brief description of the services provided.
- B. Describe the case finding system (i.e. how clients will be identified and recruited).
- C. Describe the referral system.

- D. For clinical Teen Health Center applicants, describe the hours of operation and arrangements for after-hours coverage.
- E. Indicate the number of unduplicated youth to be served in the course of the fiscal year. **If clinical services are being provided, a minimum of 500 unduplicated youth must be proposed and served.**
- F. Describe where and how services will be provided. If the selected site is a location other than on school property, justify the accessibility of the site for the target population. Please list all of the schools that your Teen Health Center will be either providing programming in or providing outreach to in your community. If you are a community based Teen Health Center, please list all the school districts that your Teen Health Center will be either providing programming in or providing outreach to in your community.
- G. Describe how collaboration will occur with the local school district.
- H. Describe the applicant organization's plans to assure that quality services are provided through this program. See the attached minimum program requirements for a description of the required components of a quality assurance plan (Appendix B). This is required for the clinical Teen Health Center model and strongly encouraged for the Non-Clinical Teen Health Center model if applicable.
- I. Describe how the program will be evaluated, such as goals and measurable objectives, client satisfaction surveys, focus groups or other methodologies.
- J. **Mandatory areas of focus for fiscal year 2004** – Each clinical and Non-Clinical Teen Health Center must have a goal with corresponding objectives and activities for the following special areas of focus:
- i. Outreach to failing schools – please address how your center will provide outreach and/or services to failing schools that fall in your target area.
 - ii. Pregnancy prevention – address any efforts your center will undertake to reduce or impact teen pregnancy prevention.
 - iii. Obesity/nutrition/physical activity – address how your center will impact youth obesity and promote nutrition and physical activity to high-risk youth.
 - iv. HIV/AIDS – address how your center will provide either education on HIV/AIDS; outreach, referral, and/or access to confidential HIV counseling and testing; and/or risk reduction to high-risk youth.
 - v. Tobacco prevention/cessation – address any efforts your center will undertake to impact tobacco use among youth.

4. Financial Plan. The financial plan should be sufficient to achieve the proposed project, but not be excessive. **A minimum local match of 25 percent is required.** The match can be reached either through cash contributions (hard match) or in-kind resources such as donated space or time (soft-match). Please prepare fiscal year 2003-2004 budgets reflecting a \$1,800 per site reduction in funding.

- A. Briefly describe all funding sources and the distribution of these funds.
- B. Describe the fee schedule and how it will be applied (see Attachment B for minimum program requirements that address those services that cannot be denied because of inability to pay).
- C. Describe the billing system that will be used to recover appropriate revenues from third-party payers, if applicable.
- D. Prepare a line-item budget for the October 1, 2003 through September 30, 2004 period on the enclosed forms using the budget codes listed under Budget Summary below. All in-kind resources and hard match must also be included on the budget.
- E. Describe how the billing and fee collection processes protect client confidentiality.
- F. Provide a budget narrative justifying each line item of the budget.

PART D – PROGRAM DESCRIPTION

Michigan State Board of Education Strategic Goal and Strategic Initiatives

The State Board of Education has adopted as its Strategic Goal, “Attain substantial and meaningful improvement in academic achievement for all students/children, with primary emphasis on chronically underperforming schools and students.” In addition, the State Board has adopted the following five Strategic Initiatives to implement the goal:

- 1) Ensuring Excellent Educators,
- 2) Elevating Educational Leadership,
- 3) Embracing the Information Age,
- 4) Ensuring Early Childhood Literacy, and
- 5) Integrating Communities and Schools.

To the greatest extent possible, explain how *one or more* of the Michigan State Board of Education’s five strategic initiatives will be addressed through the 2003-2004 Teen Health Center Continuation Grant. Please limit the response to **not more than ONE** typed sheet. Attach pages to application with the heading labeled “Proposal Narrative.” (See page 2 on the application.)

PART E – BUDGET

This section provides information to demonstrate that the program has an appropriate budget and is cost effective. A deviation allowance modifying an established budget category by \$5,000 or 15 percent, whichever is greater, is permissible without prior written approval from MDE. Any modification or deviations in excess of this amount, including any adjustment to the total amount of this agreement, must be made in writing and executed by all parties to this agreement before the modifications can be implemented. This deviation allowance does not authorize new categories, sub-contracts, equipment items, or positions not shown in the attached program budget summary and supporting budget details. (See page 3 on the application.)

I. Budget Guidelines:

Teen Health Center funds MAY be used to pay for the following expenditures:

- a. Instructional materials and supplies.

- b. Coordinator/director, materials manager, and secretarial support salary and fringes.
- c. Parent involvement activities.
- d. Staff development and teacher/parent training.
- e. Travel necessary to enable project staff to implement the program's goals and objectives.
- f. Office supplies and materials.
- g. Communication.
- h. Printing and binding.
- i. Rent paid to a source other than the grantee for facility or space.
- j. Equipment (any items over \$5,000 must be approved by MDE).
- k. Meeting and training supplies and materials.
- l. Stipends and substitute reimbursements.

Teen Health Center funds **MAY NOT** be used to pay for:

- a. Indirect costs.

II. Budget Summary and Detail

1. Budget Summary (page 3 of the application)

The Budget Summary must be completed and signed by the business office representative and primary contact person.

Function Codes

- 100 Instruction – Instruction includes the activities dealing directly with the teaching of pupils or the interaction between teacher and pupils. Teaching may be provided for pupils in a school classroom, in another location such as in a home or hospital, and other learning situations such as those involving co-curricular activities. It may also be provided through some other approved medium such as television, radio, telephone, and correspondence. Included here are the activities of aides, assistants of any type, supplies and machines that assist directly in the instructional process.
- 110 Basic Program – Instructional activities including enrichment designed primarily to prepare pupils for activities as citizens, family members, and workers, as contrasted with programs designed to improve or overcome physical, mental, social and/or emotional handicaps.
- 120 Instruction – Added Needs: This refers to instructional activities for preschoolers as defined in special education, compensatory education, or vocational education.
- 200 Supporting Services – Supporting Services are those services that provide administrative, technical (such as guidance and health), and logistical support to facilitate and enhance instruction and to a lesser degree, community services. Supporting Services exist as adjuncts for the fulfillment of the objectives of instruction, rather than as entities within themselves.
- 210 Pupil Support Services – This refers to other staff (nurses, social workers, etc.) assigned or hired to support and improve the well being of students, and the expenses associated with project implementation (i.e., materials for meetings, supplies, etc.).

- 212 Guidance Services – Consist of those activities of counseling with pupils and parents, providing consultation with other staff members on learning problems, evaluating the abilities of pupils, assisting pupils to make their own educational and career plans and choices, assisting pupils in personal and social development, providing referral assistance, and working with other staff members in planning and conducting guidance programs for pupils.
- 213 Health Services – Consist of physical and mental health services that are not direct instruction. Included are activities involved with providing pupils with appropriate medical, dental, nursing, or other health services.
- 214 Psychological Services – Consist of those activities of administering psychological tests, interpreting the results of psychological tests, working with other staff members in planning school programs to meet the specific needs of pupils as indicated by psychological tests, and planning and managing a program of psychological services including psychological counseling for the school or school system.
- 220 Support Services – Instructional Staff – Consist of activities associated with assisting the instructional staff with the content and process of providing learning experiences for pupils.
- 221 Improvement of Instruction – Consist of those activities which are designed primarily for assisting instructional staff in planning, developing, and evaluating the process of providing challenging and natural learning experiences for pupils. These activities include curriculum development, techniques of instruction, child development and understanding, and in-service training for instructional staff.
- 230,
260 &
280 Administration – Administration is limited to ten percent of the state’s portion of the grant. In subcontracted programs, the fiscal agent may retain up to five percent, but the total administrative cost remains capped at ten percent. Administrative costs include administrative, research, evaluation and support costs.
- 230 Support Services – General Administration – Consist of those activities concerned with establishing policy, operating schools and the school system, and providing the essential facilities and services for the staff and pupils.
- 240 School Administration – School building level administrative activities.
- 250 Business Services – If the grant pays a portion of the business office expenses, they can be included in line 250—costs for budget, payroll, purchasing, accounting, etc. Line 256 refers to food services—but this does NOT apply to preschool snacks or lunches (they are a part of the instructional program).

- 260 Operation and Maintenance of Plant – Consists of those activities concerned with keeping the physical plant open, comfortable and safe for use, and keeping the grounds, buildings, and equipment in an effective working condition and state of repair. This includes activities of maintaining safety in buildings, on the grounds, and in the vicinity of schools. All utility expenditures such as electricity, heating (metered or bulk supply), water and sewage waste and trash disposal and telephone charges are also included under this section. The operation of the telephone switchboard is not included here but under function 257, Internal Services. Building is included under this function.
- 290 Support Service – Other – Activities of any supporting service or classification of services, general in nature, which cannot be classified in the preceding service areas.
- 300 Community Services – Community Services consist of those activities that are not directly related to providing education for pupils in a school system. These include services provided by the school system for the community as a whole or some segment of the community, such as community recreation programs, civic activities, public libraries, programs of custody and care of children, and community welfare activities.
- 360 Welfare Activities – Pertain to providing for the personal needs of individuals who have been designated as needy by an appropriate governmental entity. They include food or other personal needs.
- 390 Other Community Services – Services provided the community that cannot be classified under the preceding areas of responsibility.

Indirect Costs: These are not allowed for 2003-2004 Teen Health Center Continuation Grants.

- 400 Outgoing Transfers and Other Transactions – This refers to outgoing payments and/or subcontracting fiscal relationship to other school districts, agencies or organizations. When subcontracting for provision of the Michigan School Readiness Program, school districts/public school academies must detail the subcontract budget.

Other: As needed. Please provide a rationale.

Total Expenditures: This is the total to operate the program.

2. Budget Detail (page 3 of the application)

Provide detail on each cell (line item by function code) presented in the Budget Summary. MDE grant allocation amounts for each line item should be listed. It is not necessary to provide itemizations of materials and supplies.

APPLICATION CHECKLIST FOR GRANT APPLICANTS

- ☐ Is the application double-spaced?
- ☐ Is the application in a font no smaller than Times 12 point?
- ☐ Is the Project Abstract and Narrative Program complete?
- ☐ Is the Application Cover Page signed by the authorized signatory?
- ☐ Is the Budget Summary signed by the authorized signatory?

ASSEMBLE THE ORIGINAL AND FOUR COPIES IN THE FOLLOWING ORDER:

- ☐ Part A - Application Cover Sheet and original signatures
- ☐ Part B - Assurances and Certifications and original signatures
- ☐ Part C - Grant Program Details
 - ☐ 1. Title Page
 - ☐ 2. Table of Contents
 - ☐ 3. Service/Work Plan
 - ☐ 4. Financial Plan
- ☐ Part D - Program Description
- ☐ Part E - Budget
 - ☐ Budget Summary
 - ☐ Budget Detail

**SECTION 31a, SUBSECTION 6
OF THE
STATE SCHOOL AID ACT**

(6) From the funds allocated under subsection (1), there is allocated for 2001-2002 an amount not to exceed \$2,400,000 to support Teen Health Centers. These 2001-2002 funds shall be distributed to existing Teen Health Centers in a manner determined by the department in collaboration with the Department of Community Health. From the funds allocated under subsection (1), there is allocated each fiscal year for 2002-2003 and for 2003-2004 an amount not to exceed \$3,743,000 for competitive grants to support Teen Health Centers. These grants for 2002-2003 and 2003-2004 shall be awarded in a form and manner approved jointly by the department and the Department of Community Health. If any funds allocated under this subsection are not used for the purposes of this subsection for the fiscal year in which they are allocated, those unused funds shall be used that fiscal year to avoid or minimize any proration that would otherwise be required under subsection (11) for that fiscal year.

TEEN HEALTH CENTER PROGRAM MINIMUM PROGRAM REQUIREMENTS

ELEMENT DEFINITION

Services designed specifically for persons ten through 21 years of age aimed at achieving the best possible physical, intellectual, and emotional status. Included in this element are: 1) Teen Health Centers designed to provide primary care, psychosocial and health promotion/disease prevention services. The infants and small children of the target age group can be served through this program; and 2) Non-Clinical Teen Health Centers designed to provide health education, peer counseling, screening/case finding services, referral for primary and/or specialty care and/or health related community awareness activities.

MINIMUM PROGRAM REQUIREMENTS FOR CLINICAL TEEN HEALTH CENTERS

Services

1. The Teen Health Center shall provide a range of support services that are high quality, acceptable and accessible to youth in their target population. The Teen Health Center shall provide a minimum of two of the following 13 teen-specific support services: mental health counseling, drug/alcohol awareness, support groups, smoking cessation programs, sexual abuse counseling, tutoring, job skills training, suicide prevention programs, support for eating disorders, nutritional counseling, teen advisory groups, parenting education, support for intimate partner violence, and peer education and counseling.
2. The Teen Health Center shall provide a range of services based on the needs determined through the adolescent health survey, and approved by the advisory committee. At a minimum the services shall include immunization screening and administration, primary care including health maintenance (well-care) and care for acute illness and chronic conditions, referral for other needed clinical services not available at the Teen Health Center, HIV and STD education, and voluntary counseling and testing, and shall follow preventive services guidelines (such as GAPS or Bright Futures).
3. The Teen Health Center shall not, as part of the services offered, provide abortion counseling, services, or make referrals for abortion services.
4. The clinical services provided shall meet the recognized, current standards of practice for care and treatment of adolescents and their children.
5. The Teen Health Center, if on school property, shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.

Administrative

6. Written approval by the school administration and local school board exists for the following:
 - a) Location of the Teen Health Center, if located on school property or in a building where K-12 education is provided;
 - b) Administration of a health survey to students enrolled in the school;
 - c) Parental consent policy, if services are provided in a building where K-12 education is provided; and
 - d) Services rendered in the health center if the center is located on school property where K-12 education is provided.
7. If the Teen Health Center is located on school property, it shall have a current interagency agreement defining roles and responsibilities between the contracting agency and the local school district.
8. The Teen Health Center shall be located in a school building or an easily accessible alternate location.
9. The Teen Health Center shall be open during hours accessible to its target population, and provisions must be in place for the same services to be delivered during times when school is not in session. Not in session refers to times of the year when schools are closed for extended periods, such as holiday, spring breaks, and summer vacation. These provisions shall be posted, given to and/or explained to clients including at a minimum an answering service/machine message. The center shall provide clinical services a minimum of five days a week. Total provider clinical time shall be at least 30 hours per week. Hours of operation must be posted in areas frequented by the target population. The Teen Health Center shall have a written plan for after-hours and weekend care, which shall be posted, given to, and/or explained to clients.
10. The Teen Health Center shall have a licensed physician as a medical director who supervises the medical services provided. Written standing orders and clinical procedures, approved by the medical director and the contracting agency, shall be available for use by clinical staff.
11. The Teen Health Center shall be staffed by a certified nurse practitioner, licensed physician, or a licensed physicians assistant working under the supervision of a physician during all hours of clinic operation. The nurse practitioner must be certified or eligible for certification in Michigan and accredited by an appropriate national certification association or board. The physician and physician assistant must be licensed to practice in Michigan.
12. The Teen Health Center shall implement a quality assurance plan. Components of the plan shall include at a minimum:
 - a) On-going clinical and medical records reviews by peers to determine that conformity exists with current standards of practice. A system shall also be in place to implement corrective actions when deficiencies are noted.
 - b) Completing, updating, or having access to an adolescent health survey/assessment done within the last two to three years to determine the health needs of the target population.

- c) Conducting a client satisfaction survey/assessment periodically, but no less than once per year.
13. A local advisory committee shall be established and operated as follows:
 - a) A minimum of two meetings per year.
 - b) The committee must be representative of the community and must be comprised of at least 50 percent members of the community.
 - c) Health care providers shall not represent more than 50 percent of the committee.
 - d) The committee should recommend the implementation and types of services rendered by a Teen Health Center.
 - e) The advisory committee must approve the following policies and the Teen Health Center must develop applicable procedures:
 1. Parental consent;
 2. Requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody;
 3. Confidential services; and
 4. Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect.
 14. The Teen Health Center shall have space and equipment adequate for private physical examinations, private counseling, reception, laboratory services, secured storage for supplies and equipment, and secure paper and electronic client records. The physical facility must be barrier-free, clean, and safe.
 15. The Teen Health Center staff shall follow all Occupational Safety and Health Act guidelines regarding transmission of blood borne pathogens, such as HIV and Hepatitis B, to health care and Public Safety Workers.
 16. The Teen Health Center shall conform to the regulations determined by the Department of Health and Human Services for laboratory standards.

Billing and Fee Collection

17. The Teen Health Center shall establish and implement a fee schedule, which is not a barrier to health care for adolescents. Adolescents must not be denied services because of inability to pay.
18. The Teen Health Center shall establish and implement a process for billing Medicaid, Qualified Health Plans and other third-party payers.
19. The billing and fee collection processes do not breach the confidentiality of the client.

**MINIMUM PROGRAM REQUIREMENTS FOR NON-CLINICAL TEEN
HEALTH CENTERS (PREVIOUSLY KNOWN AS “ALTERNATIVE MODELS”)**

1. A local advisory committee shall be established and operated as follows:
 - a) A minimum of two meetings per year.
 - b) The committee must be representative of the community and must be comprised of at least 50 percent members of the community.
 - c) Health care providers shall not represent more than 50 percent of the committee.
 - d) The committee should recommend the implementation and types of services rendered by a Non-Clinical Teen Health Center.
 - e) The advisory committee must approve the following policies and the Non-Clinical Teen Health Center must develop applicable procedures regarding:
 1. Parental consent;
 2. Requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody; and
 3. Disclosure of clients or evidence of child physical or sexual abuse, and/or neglect.
2. The Non-Clinical Teen Health Center shall provide a range of services based on the needs of the target population. The Non-Clinical Teen Health Center shall complete, update or have access to an adolescent health survey/assessment done within the last two to three years to determine the needs of the target population.
3. The Non-Clinical Teen Health Center shall not, as part of the services offered, provide abortion counseling, services, or make referrals for abortion services.
4. The Non-Clinical Teen Health Center, when operating on school property, shall not prescribe, dispense or otherwise distribute family planning drugs or devices.

REPORT FACTSHEET FOR STATE-FUNDED TEEN HEALTH CENTERS

CLINICAL

WHEN ARE DATA REPORTS DUE?

There are four *data* reports that are required for State-Funded Teen Health Centers. These reports should cover the following time frames:

Data Reports	Due Date
Fiscal Year 2003 Year-End Data Report: Centers funded in fiscal year 2003 must submit a calendar year-end data report covering the period of January 1 – December 31, 2003.	January 30, 2004
1st Quarter Report (including YTD): January 1 – March 31, 2004	April 15, 2004
2nd Quarter Report (including YTD): April 1 – June 30, 2004	July 15, 2004
3rd Quarter Report (including YTD): July 1 – September 30, 2004	October 15, 2004

WHEN ARE BILLING REPORTS DUE?

All state-funded Teen Health Centers must be billed by fiscal year 2004. Billing reports following the appropriate format should be submitted along with quarterly data reports. The billing data reports will be compiled at the end of the fiscal year, like the data reports and will be submitted to the Legislature in April of 2005.

WHEN ARE FINANCIAL STATUS REPORTS DUE?

There are two financial status reports (FSR) that are required for state-funded Teen Health Centers. These reports should be submitted on the following schedule (*for tracking of expenditures, not invoice for payment*):

Required Report	Due Date
Six-month Financial Status Report (Includes expenditures for the period of October 1, 2003 - March 30, 2004)	April 30, 2004
Final Financial Status Report (Includes expenditures for the period of October 1, 2003 – September 30, 2004)	November 30, 2004

Other reports your program is required to submit annually include:

Required Report	Due Date
Final Budget Detail (Covers the period of October 1, 2003 – September 30, 2004)	November 30, 2004
Annual Summary Report (Includes narrative of progress on objectives and activities proposed in MDE continuation application and should cover the period of October 1, 2003 – September 30, 2004)	November 30, 2004
Adolescent Health Education Presentation Form Centers must submit this form for the period of January 1 – December 31, 2003.	January 30, 2004

WHO SHOULD WE SUBMIT REPORTS TO?

All data, billing reports and the Health Education Presentation Form should be submitted to:

Carrie Tarry, Adolescent Health Coordinator
Division of Family and Community Health
Michigan Department of Community Health
P. O. Box 30195
Lansing MI 48909

Please send an original copy of the six-month and 12-month FSR, the Final Budget Detail, and the Annual Summary Report to:

Elizabeth Coke Haller
Michigan Department of Education
Office of School Excellence
Curriculum Leadership Unit
P. O. Box 30008
Lansing, MI 48909

*A complete copy of the six-month and 12-month FSR and the Annual Summary Report should also be sent to Carrie Tarry at MDCH.

Revised: 5/03

REPORT FACTSHEET FOR STATE-FUNDED TEEN HEALTH CENTERS:

NON-CLINICAL

WHEN ARE REPORTS DUE?

The following reports are due annually:

Required Report	Due Date
Adolescent Health Education Presentation Form Non-Clinical centers must submit this form for the period of January 1 – December 31, 2003.	January 30, 2004
Adolescent Health Year End Report of Services & Referrals Non-Clinical centers must submit this form for the period of January 1 – December 31, 2003.	January 30, 2004
Final Budget Detail (Covers the period of October 1, 2003 – September 30, 2004)	November 30, 2004
6-month Summary Report (Includes narrative of progress on objectives and activities proposed in MDE continuation application, identification of barriers, and should cover the first half of the program year, the period of October 1, 2003 – March 31, 2004)	April 15, 2004
Annual Summary Report (Includes narrative of progress on objectives and activities proposed in MDE continuation application and should cover the period of October 1, 2003 – September 30, 2004)	November 30, 2004

WHEN ARE FINANCIAL STATUS REPORTS DUE?

There are two financial status reports that are required for state-funded Non-Clinical Teen Health Centers. These reports should be submitted on the following schedule (*for tracking of expenditures, not invoice for payment*):

Required Report	Due Date
Six-month Financial Status Report (Includes expenditures for the period of October 1, 2003 – March 30, 2004)	April 30, 2004
Final Financial Status Report (Includes expenditures for the period of October 1, 2003 – September 30, 2004)	November 30, 2004

WHO SHOULD WE SUBMIT REPORTS TO?

All reports should be submitted to:

Carrie Tarry, Adolescent Health Coordinator
Michigan Department of Community Health
Division of Family and Community Health
P. O. Box 30195
Lansing, MI 48909

Please also send an original copy of the six-month and 12 month FSR, the Final Budget Detail and the Annual Summary Report to:

Elizabeth Coke Haller
Michigan Department of Education
Office of School Excellence
Curriculum Leadership Unit
P. O. Box 30008
Lansing, MI 48909

SAMPLE GOALS, OBJECTIVES, AND ACTIVITIES

Clinical

Goal: Increase access to primary care services to youth ages 10-21 years in ABC School district.

Rationale: Adolescent health status has reached crisis proportions. As the health needs of this age group have increased, accessible and youth acceptable health care services have decreased. Adolescents are the most medically underserved population. According to (data source), 44 percent of youth in ABC School lives at or below the poverty level; 30 percent are either uninsured or underinsured and an additional 21 percent are publicly insured. Additionally, 38 percent have no primary health care provider.

Objective: Provide comprehensive primary health care services to 1,300 high-risk youth in the target population.

Activity 1.1: Provide general medical services to 1,100 youth ages 10 to 21 in the target population.

Activity 1.2: Provide chronic disease management to 200 youth ages 10 to 21 in the target population.

Evaluation: Outcome data

- 1.1a: Number of youth served with general medical services as defined in Quarterly Reporting Elements.
- 1.1b: Number of general medical services as defined in Quarterly Reporting Elements.
- 1.2a: Number of youth served with chronic disease management services as defined in Quarterly Reporting Elements.
- 1.2b: Number of chronic disease management services as defined in Quarterly Reporting Elements.

SAMPLE GOALS, OBJECTIVES, AND ACTIVITIES

Non-Clinical

Goal: Reduce the percentage of students using alcohol, tobacco and other drugs in ABC Middle School.

Rationale: According to 2002 YRBS for ABC Middle School, 46 percent of students have tried alcohol by 8th grade; 56 percent have ever smoked cigarettes; and 21 percent report ever using other illegal substances (marijuana, cocaine, amphetamines, etc.). The use of alcohol, tobacco and other drugs poses numerous health risks to adolescents and is often associated with participation in other high-risk behaviors such as violence, drinking and driving, and sexual activity as well as with negative outcomes including school failure and drop-out.

Objective 1a: Increase knowledge of the risks for and signs of alcohol, tobacco, and other drugs (ATOD) among 7th and 8th graders at ABC Middle School.

Objective 1b: Increase confidence in refusal skills among 7th and 8th graders at ABC Middle School.

Activity 1.1: Implement the Life Skills Training substance abuse prevention program to 150 7th and 8th graders.

Evaluation:

1.1: Comparison of scores on the Life Skills Training pre- and post-test.

Objective 2: Increase access to assistance for ATOD use to a minimum of 125 students at ABC Middle School.

Activity 2.1: Provide referral to individual, group and/or family counseling as necessary.

Activity 2.2: Refer youth, as necessary, to Narcotics Anonymous and/or Alcoholics Anonymous.

Activity 2.3: Provide smoking-cessation classes and/or other smoking-cessation interventions.

Evaluation:

2.1: Number of youth referred to substance abuse counseling.

2.2: Number of youth referred to Narcotics Anonymous and Alcoholics Anonymous.

2.3: Number of youth in smoking-cessation classes and/or other smoking-cessation interventions.

2.4: Comparison of number of youth who report ATOD use in August vs. May using the WMU ATOD Student Survey.